21: Belshaw E-5 (1951) 1951 OJ23 Orokaiva OJ23
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as a first step in their wider rehabilitation. Lectures were given by Europeans, adult illiterates were taught the three " r's," sports were organized, and as a welfare measure the old people were given prepared meals in a " soup kitchen." Once again the response was enthusiastic, indicating a real demand. As refugees moved out of the camp back to villages, it was common for young men who had missed their Mission schooling, or who considered that schooling to be insufficient, to return to Ilimo for the sole purpose of continuing their instruction. Unfortunately, under the unsettled conditions they had to be sent home again.

As soon as the danger area had been determined villages outside it were re-started, leaving only 1,500 people at Ilimo by April. These 1,500 people were not permitted to return to their village sites except under special passes to obtain garden produce. An administrative officer was detailed to undertake research into native land tenure and social groupings in the area with a view to determining sites for re-settlement.[1] As a result of his recommendations these refugees were returned to certain areas of land which they were said to own, or which had been granted to them by neighbouring villages. Women remained at Ilimo until shelters had been erected for them, but by June they had rejoined their husbands and the camps were evacuated. A Government patrol post was set up at Saiho in the centre of the evacuation area, and medical facilities were transferred to Saiho from Ilimo.

The policy behind these moves was aimed at re-establishing gardens in the shortest possible time, and the building of an improved style village-system. In addition consideration was given to the possibility of large-scale community development. But there were many difficulties in the way, and the method of carrying out the policy often created further difficulties.

In *Orokaiva Society* Williams characterizes the people as being fierce fighters but gentle and harmonious in their domestic and intra-group relations. Whether or not that was true twenty years ago, Europeans with recent experience of them say that they are now highly excitable, with rapidly inflamed tempers which, however, quickly subside. When under the influence of temper they are said to be violent, and to vent their violence on people near at hand, particularly wives. There is a tendency towards suicide in the case of disappointed love or the loss of children, and they will throw hysterical fits. In view of these conflicting accounts it is impossible for me to judge whether the emotional activity I observed after the volcano was a mere passing phase or represented deeper emotional states. At the same time there were a number of influences present which certainly did nothing to reduce nervous tensions.

It is not difficult to describe these. The people were in refugee camps, and the atmosphere of refugee camps is almost always one of strict control, in contrast to the freedom of village life. Work had to be found to keep people occupied, and much of it was camp erection work that had no clear or immediate relevance to the desire

[1] See memorandum by H. T. Plant, " Re-Establishment of Isivita Villages," March 24, 1951, with Map and Appendices on Land Ownership, Clans and Tribal Groupings.

755 medicine, though by no means always. Bandages were especially popular;
they were worn as status symbols and as dancing ornaments. Nurses and
752 physicians are regarded with affection; any person who obviously wants
to be helpful would be treated thus, and it has of course been noticed
554 that they relieve a great deal of discomfort even though Western
theories of the causation of disease are treated sceptically and mostly
753 explained away because the nurses and physicians usually do not under-
stand the fine points of sorcery; only the Orokaiva have this knowledge.

Data on the eruption period do not suggest that the attitude
731 to medicine was different then to what it is today. There were,
743 however, fewer facilities: the hospitals were smaller, there was
less available transport to reach them with, the chain of aid posts
built by the Higaturu Council did not yet exist, so that outside the
government hospital, the only facilities were the mission stations.

744 The evacuation camps provided a good opportunity to put a
public health programme into operation, and this opportunity was taken.
No regular anti-malarial preventive treatment was given because this
clearly could not have been continued after the camps were closed--
and it was feared that anti-malarials might lower natural resistance.
On the other hand, everyone at Ilimo was given prophylactic treatment
against hookworm. Unfortunately, this medicine had the effect of
"making people feel a little drunk." One man, the sole male survivor
of a large family killed during the eruption, went berserk through the
medicine and caused a near riot. Mr. Kaad then abandoned his campaign
against hookworm at Ilimo, reviving it later, in the Saibo period.
Prophylactic treatment against hookworm has not been continued because
reinfection constantly occurs. The camps provided a practical object
lesson on the Western ideas of treating waste matters, sanitation and
water supplies, a lesson which no doubt bore fruit some years later,
when the Higaturu Council had money and an ideological base for bringing
[242] about such innovations. Finally, the introduction of sweet potatoes
[146] at Ilimo, by means of distribution of sample tubers and seeds and the
teaching of methods of cultivation, had a definite public health
objective: it was done because the yellow and red varieties of sweet
potato are particularly rich in vitamins in which Orokaiva diet is
supposed to be often deficient. Today, some of this sweet potato is
grown in Sivepe, though on a small scale, while plantings in Inonda
are somewhat more extensive. (The sweet potatoes resist drought better
than taro.)

The most active public health programmes I saw in 1966-67
were directed at: malaria control, infant health, village hygiene.
The key figure in public health improvement at Sivepe was the health
inspector employed by the Higaturu Council. This man was expected to
cover the whole of the Council area, and spent much of his time
touring villages. As his home was at Garombi and he had many relatives
in Sivepe, he made frequent visits. Sivepe caused him little trouble,
he told me, as waste matter was thrown into deep holes, everyone had
a lavatory and the place was kept clean in the prescribed way. On